



- ☐ Branch Volunteer
☐ Literacy
☐ Literacy Tutor

Volunteer Application and Agreement

Branch:

Date:

Volunteer's Name:

Daytime Phone:

Mailing Address:

City/Zip:

PERSONAL INFORMATION (For Official Use Only)

SSN:

OR

CA Drivers License #:

Emergency Contact: Name:

Phone:

As an adult (age 18), have you ever been convicted of a misdemeanor or felony? ☐ yes ☐ no

You must complete this section to be considered for a position. Convictions are evaluated for each position and are not necessarily disqualifying.

Date & Location of Conviction:

Penal Code Violation #:

Explanation:

If you have worked in a library or as a reading tutor before, please specify the name of the library or reading program and briefly describe your activities:

Please identify the areas below in which you have interest and some skills to bring to a volunteer assignment by checking all that apply:

- | | |
|---|---|
| <input type="checkbox"/> general clerical or administrative skills | <input type="checkbox"/> coordinating other volunteers |
| <input type="checkbox"/> knowledge of library materials, processes and operations | <input type="checkbox"/> working with adults |
| <input type="checkbox"/> graphics, displays, advertising and promotional materials | <input type="checkbox"/> working with seniors or retirees |
| <input type="checkbox"/> teaching, tutoring, homework assistance | <input type="checkbox"/> working with younger children |
| <input type="checkbox"/> data collection, record keeping, statistics, research skills | <input type="checkbox"/> working with youth/teens |
| <input type="checkbox"/> adult literacy tutoring | <input type="checkbox"/> circulation desk/public contact |
| <input type="checkbox"/> fund-raising activities | <input type="checkbox"/> computers, Internet |
| <input type="checkbox"/> reading and story telling | <input type="checkbox"/> craft activities |
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BRANCH VOLUNTEERS TIME COMMITMENT AND SCHEDULE AVAILABILITY:

I understand that a minimum commitment of 2 hours per week for 3 months, or a minimum total of 25 hours of volunteer work is expected (except as noted below for students under age 18 and Community Service referrals from a Volunteer Center) in addition to any orientation and training I may receive. My availability is as follows: (individual, flexible schedules will be arranged between the volunteer and branch staff, based on library needs and volunteer availability)

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ am ☐ pm ☐ evenings

LITERACY TIME COMMITMENT AND SCHEDULE AVAILABILITY:

I understand that a minimum commitment of 2 hours per week for at least 6 months is required, in addition to any orientation and training I may receive. The exact hours and schedule worked will be determined once a learner is assigned to me.

If you are a Volunteer Center referral for a Community Service requirement: Enter hours required: Completion Date:

Students under age 18: Parental Signature is required. If you are fulfilling an academic requirement:

Enter hours required: Completion Date: Name of School:

ACCEPTANCE AND APPROVALS:

Volunteer Signature & Date

Branch Approval & Date

Administrative Approval & Date

NOTICE TO PARENTS OF LIBRARY VOLUNTEERS UNDER AGE 14

The County provides Workers Compensation insurance coverage for medical treatment of injuries sustained while working for all employees and volunteers age 14 and older.

However, because 14 is the minimum age to obtain a work permit and legally work in California, **Workers Compensation insurance coverage for accidents or injuries is not provided or available for volunteers under 14 years of age.**

Therefore your signature is required below, indicating that you are aware of the above information, and are providing any special instructions for notification or action in case of accident or injury to your child under age 14.

Liability Waiver & Hold Harmless Agreement:

You further agree by your signature below to hold the County and the library harmless for any such expenses incurred for the medical treatment of your child in the event of accident or injury, and waive all rights to recover medical expenses associated with such accident or injury.

This notice and parental permission shall remain in effect until the first day after receipt of written revocation by either party.

Name of Primary Emergency Contact

Phone #

Name of Secondary Contact

Phone #

Special Instructions: (Allergies, medications taken regularly, diabetic, etc.)

I have read and understand the statements above, and accept the terms and conditions, subject to the information and special instructions I have supplied above.

Signature of Parent or Legal Guardian

Date Signed